

INFLUENZA VIRUS VACCINE - ROSTER BILL

Provider Payee Name _____ Provider Telephone Number _____

Provider Payee Address _____

Medicare Provider Identification Number _____ Date of Service _____

	Patient's Medicare Health Insurance Claim Number	Patient's Name Last Name, First Name, M.I.	Patient's Address Street, City, State, and Zip Code	Sex M/F	Patient's Date of Birth	*Date of Service	Patient's Signature
1							
2							
3							
4							
5							
6							
7							
8							

* Roster may only be used for services rendered on the same day, unless you are a physician billing for services rendered in your office.

PNEUMONIA VIRUS VACCINE - ROSTER BILL

Provider Payee Name_____

Telephone Number_____

Medicare Provider Identification Number (PIN)_____

Date of Service_____

Provider Address_____

WARNING: ASK BENEFICIARIES IF THEY HAVE BEEN VACCINATED WITH PPV.

? ? **Rely on patient's memory to determine prior vaccination status**

?? **If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine.**

?? **If patients are certain that they have been vaccinated within the past 5 years, do not revaccinate.**

	Patient's Medicare Health Insurance Claim Number	Patient's Name Last Name, First Name, M.I.	Patient's Address Street, City, State, and Zip Code	Sex M/F	Patient's Date of Birth	*Date of Service	Name and UPIN of "standing order" physician	Patient's Signature
1								
2								
3								
4								
5								
6								
7								
8								